

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*10/590149*

FILING DATE

**02 MAY 2007**

APPLICANT(S)

**CLAIMS**

|              | AS FILED  |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|--------------|-----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.      | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 1            | /         |      |                                    |      |                                    |      |
| 2            | /         |      |                                    |      |                                    |      |
| 3            |           | /    |                                    |      |                                    |      |
| 4            |           | /    |                                    |      |                                    |      |
| 5            |           | /    |                                    |      |                                    |      |
| 6            |           | /    |                                    |      |                                    |      |
| 7            |           | /    |                                    |      |                                    |      |
| 8            |           | /    |                                    |      |                                    |      |
| 9            | /         |      |                                    |      |                                    |      |
| 10           |           | /    |                                    |      |                                    |      |
| 11           | /         |      |                                    |      |                                    |      |
| 12           | /         |      |                                    |      |                                    |      |
| 13           |           |      |                                    |      |                                    |      |
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| 27           |           |      |                                    |      |                                    |      |
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| 29           |           |      |                                    |      |                                    |      |
| 30           |           |      |                                    |      |                                    |      |
| 31           |           |      |                                    |      |                                    |      |
| 32           |           |      |                                    |      |                                    |      |
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| 47           |           |      |                                    |      |                                    |      |
| 48           |           |      |                                    |      |                                    |      |
| 49           |           |      |                                    |      |                                    |      |
| 50           |           |      |                                    |      |                                    |      |
| TOTAL IND.   | <i>5</i>  | ↓    |                                    | ↓    |                                    | ↓    |
| TOTAL DEP.   | <i>7</i>  | ←    |                                    | ←    |                                    | ←    |
| TOTAL CLAIMS | <i>12</i> |      |                                    |      |                                    |      |

|              | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 51           |          |      |                                    |      |                                    |      |
| 52           |          |      |                                    |      |                                    |      |
| 53           |          |      |                                    |      |                                    |      |
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| 80           |          |      |                                    |      |                                    |      |
| 81           |          |      |                                    |      |                                    |      |
| 82           |          |      |                                    |      |                                    |      |
| 83           |          |      |                                    |      |                                    |      |
| 84           |          |      |                                    |      |                                    |      |
| 85           |          |      |                                    |      |                                    |      |
| 86           |          |      |                                    |      |                                    |      |
| 87           |          |      |                                    |      |                                    |      |
| 88           |          |      |                                    |      |                                    |      |
| 89           |          |      |                                    |      |                                    |      |
| 90           |          |      |                                    |      |                                    |      |
| 91           |          |      |                                    |      |                                    |      |
| 92           |          |      |                                    |      |                                    |      |
| 93           |          |      |                                    |      |                                    |      |
| 94           |          |      |                                    |      |                                    |      |
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| 97           |          |      |                                    |      |                                    |      |
| 98           |          |      |                                    |      |                                    |      |
| 99           |          |      |                                    |      |                                    |      |
| 100          |          |      |                                    |      |                                    |      |
| TOTAL IND.   |          | ↓    |                                    | ↓    |                                    | ↓    |
| TOTAL DEP.   |          | ←    |                                    | ←    |                                    | ←    |
| TOTAL CLAIMS |          |      |                                    |      |                                    |      |